

PTO/SB/01 (10-05)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**☐ Declaration
Submitted
With Initial
Filing

OR

☒ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number	96700/1031
First Named Inventor	William R. Jacobs, Jr.

COMPLETE IF KNOWN

Application Number	10/542,958
Filing Date	01/23/2004 (IA)
Art Unit	to be assigned
Examiner Name	to be assigned

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

USE OF MYCOBACTERIAL VACCINES IN CD4+ OR CD8+ LYMPHOCYTE-DEFICIENT MAMMALS

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 01/23/2004 (IA) as United States Application Number or PCT International

Application Number PCT/US04/01773 and was amended on (MM/DD/YYYY) 07/21/2005 (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

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NAME OF SOLE OR FIRST INVENTOR:☐

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

William R.

Jacobs, Jr.

Inventor's Signature

Date

11/28/06

Residence: City

State

Country

Citizenship

Pelham

New York

US

US

Mailing Address

47 Iden Avenue

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Pelham

New York

10803

US

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DECLARATION**ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 1 of 2**Name of Additional Joint Inventor, if any:**☐

A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Tsungda

Hsu

Inventor's
Signature*Tsungda Hsu*

Date

11/27/06

Residence: City Bronx

State New York

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Citizenship TW

Mailing Address 1737 Haight Avenue

City Bronx

State New York

Zip 10461

Country US

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Family Name or Surname

Vasan

Sambandamurthy

Inventor's
Signature

Date

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State -

Country SG

Citizenship IN

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State New York

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Sheldon

Morris

Inventor's
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Date

Residence: City Beltsville

State Maryland

Country US

Citizenship US

Mailing Address 11025 Cedar Lane

City Beltsville

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Stoyan		Bardarov	
Inventor's Signature		Date	
Residence: City (Deceased)	State	Country	Citizenship
Mailing Address (of heir) 17 Duncannon Ave. #9			
City Worcester	State MA	Zip 01604	Country US
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Jacobs, Jr.

Inventor's Signature

Date

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Tsungda		Hsu	
Inventor's Signature		Date	
Residence: City Bronx	State New York	Country US	Citizenship TW
Mailing Address 1737 Haight Avenue			
City Bronx	State New York	Zip 10461	Country US
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Given Name (first and middle (if any))		Family Name or Surname	
Vasan		Sambandamurthy	
Inventor's Signature 		Date 12/14/2006	
Residence: City Singapore	State -	Country SG	Citizenship IN
Mailing Address 1935 Eastchester Road, Apt. 25G			
City Bronx	State New York	Zip 10461	Country US
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Sheldon		Morris	
Inventor's Signature		Date	
Residence: City Beltsville	State Maryland	Country US	Citizenship US
Mailing Address 11025 Cedar Lane			
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Mailing Address 11025 Cedar Lane			
City Beltsville	State Maryland	Zip 20705	Country US

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental SheetPage 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Stoyan		Bardarov	
Inventor's Signature		Date	
Residence: City (Deceased)	State	Country	Citizenship
Mailing Address (of heir) 17 Duncannon Ave. #9			
City Worcester	State MA	Zip 01604	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country

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